
The United States Navy on the World Wide Web
A service of the Navy Office of Information, Washington DC
send feedback/questions to comments@chinfo.navy.mil
The United States Navy web site is found on the Internet at
<http://www.navy.mil>

Navy and Marine Corps Medical News
MN-01-05
February 2, 2001

Navy and Marine Corps Medical News (MEDNEWS) is a weekly compendium of news and information contributed by commands throughout the Navy medical department. Information contained in MEDNEWS stories is not necessarily endorsed by Navy Bureau of Medicine and Surgery (BUMED), nor should it be considered official Navy policy.

BUMED distributes MEDNEWS to Sailors and Marines, their families, civilian employees and retired Navy and Marine Corps families. Further distribution is highly encouraged.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are placed in front of their names. Photos for corresponding cutlines are available for download at Navymedicine.med.Navy.mil 1-3 days following the posting of this email.

Contents for this week's MEDNEWS:

MN010401. TRICARE patient prompts improved inter-regional transfer process
MN010402. HSO Norfolk conducts humanitarian operations training
MN010403. Portsmouth completes kidney stone removal suite
MN010404. New Medical Record Facility Opens at Portsmouth
MN010405. Yokosuka Women, Infants, and Children office opens
MN010406. Good dental care starts at a tender age
MN010407. Healthwatch: Airing out the facts about Asthma

Stories:

MN010402. TRICARE Patient prompts improved inter-regional transfer process
By Bob Wolfersteig, TRIWEST Healthcare Alliance

When she attends her father's change-of-command ceremony in March, 16-year-old Stephanie Davito will likely walk to her seat without assistance. While such a feat may seem routine to most, there was a time when doctors were not sure if Stephanie would ever walk again.

Stephanie was struck by a car while walking home from her school in Virginia. Suffering severe head trauma and brain injuries, she was comatose at the accident scene. The early prognosis was not good, and doctors did not know if this active teenager would ever fully recover from her injuries.

Her father, CDR Steven Davito, had been reassigned to Offutt Air Force Base in Omaha, Nebraska, which is within the TRICARE Central Region, before the accident, but the family had not yet moved. Therefore, the TRICARE contractor in the Mid-Atlantic Region initially covered Stephanie's emergency medical services. Physicians in the Mid-Atlantic Region provided Stephanie with several different treatments to address her health care needs, including a procedure known as coma stimulation therapy.

Moving the still-comatose Stephanie to the TRICARE Central Region initially led to frustration for her family. Questions arose as to whether

certain services that were previously being provided in the Mid-Atlantic Region would be covered by TRICARE. The communication of this concern and the differences of opinions between the contractors led the Davito family to believe that rehabilitative services would be denied upon entry to the Central Region.

Following several discussions between the Davito family and various representatives from the two contractors and the TRICARE Management Activity, TriWest Healthcare Alliance was able to straighten out several misunderstandings and assure Stephanie's parents that she would receive the medically necessary care requested by her providers. After nearly two months of preparation, Stephanie, accompanied by her father, boarded an air ambulance and flew to Nebraska.

Stephanie came out of her coma after about four months. It was a gradual process of consciousness, eye contact, smiling at her parents, and, ultimately, regaining her speech and mobility. While several months of rehabilitation and an additional surgery to repair mobility were required, Stephanie continued to steadily progress to the wonder of her family, physicians and hospital staff.

According to Dave McIntyre, president and CEO of TriWest Healthcare Alliance, working with the Davito family prompted TriWest to develop a process with which they can more smoothly and efficiently address such inter-regional cases in the future.

"In response to Stephanie's case, TriWest initiated a process of proactive communications and more personalized customer service," McIntyre said. "This proactive process keeps the company in constant contact with families. It is aimed at identifying individual cases existing in or moving to the Central Region, addressing the issues specific to such cases, presenting the families involved with superior customer service and helping assure that quality care is provided."

Overseeing this process is Dr. James G. (Jerry) Sanders, TriWest's vice president for medical affairs. Since this process was initiated over two years ago, Dr. Sanders has made personal visits to several families and a number of providers. The purpose is to get an idea of the family dynamics involved in a particular case, learn more about the providers and their expertise, foster good beneficiary support and, ultimately, reassure the family that the TRICARE contractor is focused on assisting them with their needs.

Dr. Sanders has made frequent visits to Stephanie Davito since she was injured. During that time he has been in regular contact with the family via electronic mail and telephone calls. TriWest and Dr. Sanders continued to assist the Davitos, even after their recent move to Florida, where CDR Davito is preparing to assume command of a ballistic missile submarine. This assistance included notifying the contractor for the Southeast Region of Stephanie's planned move to that region and the facts surrounding her case, so that the appropriate steps were taken to make her transfer as seamless as possible.

Stephanie still receives therapy, but her short-term memory continues to improve and her school grades are excellent. She is expected to be able to take her first unassisted steps very soon -- just in time to see her father take his own significant step in his Navy career.

-USN-

-USN-

MN010402. HSO Norfolk conducts humanitarian operations training
From Naval Medical Center Portsmouth

The Norfolk Healthcare Support Office hosted the Combined Humanitarian Assistance Response Training (CHART) course recently at the Naval Amphibious

Base Little Creek Conference Center, Virginia Beach, VA.

The course was a resounding success for the 75 attendees from all services and several federal and civilian agencies. Attendees hailed from commands worldwide, both active and reserve, officer and enlisted and were from all branches of the medical, dental and veterinarian corps.

CHART, taught by The Center of Excellence in Disaster Management and Humanitarian Assistance, Honolulu, is an introductory course designed to provide basic information about the complex emergencies in an international arena. It was developed to prepare active and reserve forces to function in a multi-force theater of operations in coordination with civilian relief organizations.

Ensuring peace and stability in a region through humanitarian assistance during military operations other than war is a major defense strategy. Since the frequency of the military participation in complex emergencies arises, the knowledge gained from this training will prove to be critical.

According to LT David Page, the course coordinator from the Naval Healthcare Support Office, the course dovetailed well with the command's strategic plan goal of training the Norfolk area medical and dental treatment facilities in disaster preparedness.

"The CHART course went a long way toward meeting this goal," Page said.

-USN-

-USN-

MN010403. NMCP completes kidney stone removal suite

By Dan Gay, Naval Medical Center Portsmouth

CAPT Leo Kusuda, MC, recently performed the first kidney stone removal at Naval Medical Center Portsmouth's newly completed lithotripsy suite.

Previously stone removal procedures were done in a specially modified tractor/trailer provided by a civilian contractor. Portsmouth now saves approximately \$500,000 annually by performing the surgery in the new suite.

Edward Morris was the first of six people to undergo the procedure the first day. Morris, who had his initial operation using standard surgical techniques, was here because of a recurring problem with stone formation.

"I am very happy they use the new equipment to do the operation," Morris said. "The first time they cut me from front to back on one side to do the operation," he continued.

Use of the new equipment provides alternative, non-invasive treatment that does not involve surgery. The machine sends electrical impulses through water whereby the vibrations shatter the stones. The new procedure, which is less than two years old, is done in less than 30 minutes and requires minimal sedation. Relieving stress is also a significant side effect since there is no anxiety about surgery and undergoing anesthesia.

The equipment can also be used for fluroscopy and endoscopic procedures when a scope would be required.

-USN-

-USN-

Cutline: Edward Morris was NMCP's first patient to undergo kidney surgery in the new lithotripsy suite. HM3 Kevin Brzenk was the technician on hand during the operation. (Photo by Dan Gay)

-USN-

-USN-

MN010404. New Medical Record Facility Opens

By JO2 Duke Richardson, NMC Portsmouth

A new medical record holding facility opened its doors recently at Naval Medical Center Portsmouth. A portion of the discharge records center was

moved to the Charette Health Care Center.

During a ribbon cutting ceremony, Rear Adm. Clinton E. Adams spoke briefly on the expectations of the new center.

"By relocating a portion of this staff to a unit-based area, we hope to correct the deficiencies in our record completions and eventually complete concurrent reviews. With any change, we must keep in mind what we hope to achieve and be able to measure this outcome in some way," said Adams. "We have some historical reports that we will use as a baseline and then continue to collect this same data and report on it down the road. In addition, we will look at this move in light of its impact on material resources and personnel."

According to CDR Jennifer Town, Medical Nursing Department Head, the Unit-Based Data Flow Office will be a welcome addition when it comes to supporting accreditation standards related to medical record maintenance.

"It brings the medical records staff to the area where the medical records are located everyday. This will enable the physicians and other health care staff to have easy access to these records and ensure their timely and thorough completion," she said.

She went on to state that changes of this type do not happen overnight. This project has been evolving since early August and involved support from many departments in this command. From the Director of Nursing Service providing monetary and space resources, to facilities staff overseeing painting and furniture moves and MID and telecommunications furnishing computer and phone support, it was evidenced that this day came to fruition through the spirit of collaboration and coordination.

The medical record staff members are very excited about the improvements this will bring to their workload and record responsibilities and have said that this has certainly promoted a cohesive work unit. There is an administrative side to bringing health care full circle and this project lends itself to this dimension of our healthcare mission.

-USN-

-USN-

MN010405. Yokosuka Women, Infants, and Children office opens
By Bill Doughty, U. S. Naval Hospital, Yokosuka, Japan

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) in Yokosuka opened its doors last week during a ribbon cutting ceremony on the hospital compound.

The program is available for the first time to military service members at overseas bases in Yokosuka, Okinawa, and at two locations in Europe. It will then be expanded to other overseas bases later this year.

In the States WIC is offered by the Department of Agriculture. For the military overseas, it is implemented by TRICARE as a government program run by a civilian contractor, the Choctaw Management/Services Enterprise (CMSE).

According to Maj. Doug Williams, from the office of the Lead Agent for TRICARE PACIFIC, WIC is designed to help people that are potentially at nutritional risk.

"It's to make sure that we get both the education and the food supplements to them to make sure that the pregnant mother and those young children are getting the nutrition they need to start off with a healthy life," Williams said.

The program is available by appointment and will be offered first to the family members in greatest need.

According to Mr. Craig Martin of CMSE, after all first-priority family members are identified the WIC office will contact them by phone.

"In general, this group will include pregnant women, infants-to-1-year-olds, and breastfeeding mothers. WIC clients must also

meet some financial eligibility criteria," said Martin.

"As these family members or their sponsors/parents are contacted, CMSE WIC staff will make appointments for them beginning on the first day of operation and continuing until all known and eligible first priority family members have been enrolled," he added.

According to Martin, CMSE will provide comprehensive briefings to commands and family members for the first three months that the program begins operation.

"CMSE will first brief command and staff personnel on the content of the WIC program, the impact it potentially will have on the individual service member, and how they, the unit leaders at all levels, can help their eligible service members and families tap into this benefit," said Martin.

General information about WIC is available on the Internet at www.fns.usda.gov/wic/.

-USN-

-USN-

MN010406. Good dental care starts at a tender age

By LT George Kang, DDS, Branch Dental Clinic Yokosuka, Japan

When it comes to children's dental health care, how old is old enough? The American Academy of Pediatric Dentists (AAPD) advises that your child's first dental visits begin by the age of one (or by the eruption of the first tooth).

Early and regular dental visits are critical in helping maintain or restore a child's dental health. Regular visits also enable your dentist to build a positive relationship with parents and children, which can lead to life-long dental health.

Children as young as 12 months of age can develop cavities. Dental problems at such an early age not only complicate the treatment of the child, but can also place the child at a higher risk for future dental problems. Early examination and regular visits (every 6 months) are essential in maintaining the dental health of your child.

If your child is restless at night and needs an oral means of pacification, try a simple pacifier or a bottle with water only. Do not place sugar, honey, jelly or any form of carbohydrate on the pacifier or the nipple tip of the bottle. Between feedings, clean your baby's teeth with a small wet rag wrapped around your finger..

As your baby grows into a toddler, make the switch to solid foods as quickly as possible. Avoid giving your child juice boxes or sodas for them to take sips from throughout the day. It is not the amount, but the duration that creates this pattern of disease. If they want a juice box, let them drink one or two at specified times (e.g. mealtimes). Also, remember that water quenches the thirst created by playtime better than any other drink.

Take care to clean your child's gums after meals with a wet washcloth to create a healthy environment for erupting teeth. As your child's teeth begin to erupt, use a wet toothbrush with soft bristles and a small head. If is recommended that those children below the age of 2 not use toothpaste unless requested to do so by your dentist. It is the mechanical action of brushing that will clean your child's teeth, not the toothpaste.

The importance of your baby's teeth cannot be emphasized enough. Baby teeth hold space in your child's mouth for adult teeth. Losing these baby teeth early on can lead to premature and severe crowding. In addition, decay in baby teeth can damage the erupting adult teeth, increase the risk of decay in adult teeth, cause pain and suffering, and can be associated with general health problems in some children (such as malnutrition and fever). Remember that baby teeth are necessary for chewing, speaking and

appearance to boost a child's self-esteem.

A few minutes of oral hygiene everyday will help your child for a lifetime. More information can be found on the following web sites: American Academy of Pediatric Dentistry: www.aapd.org, American Dental Association: www.ada.org, American Dental Hygiene Association: www.adha.com.

-USN-

-USN-

MN010407. Healthwatch: Airing out the facts about Asthma

By HM2 Thomas Cabuco and HM3 Westenkirchner, U.S. Naval Hospital Yokosuka

What is asthma? How do you know if you are having an asthma attack? How do you treat asthma? These are very important questions one is faced with when they are diagnosed with asthma. Although asthma can be very serious, even life threatening, if properly managed, a person can lead a completely normal life.

Asthma is a breathing problem that makes it more difficult for people to get air in and out of their lungs. When you inhale, fresh air comes in through your nose and mouth. It passes down through tubes called bronchi to your lungs. When you exhale, stale air from your lungs is breathed out through those same tubes.

When a person has asthma, the breathing tubes are sensitive. They may react to smoke, pollen, dust, air pollution, allergies, or other triggers. In a person with asthma, the bronchi may tighten, becoming inflamed and swollen. When they react or get inflamed, they become narrow. That makes it harder for people to breathe fresh air in and stale air out.

The difficulty a person experiences while having an asthma attack may change. The most common signs and symptoms of an asthma attack are: coughing, wheezing, shortness of breath, chest tightness, and sputum production (generally of modest amounts). Asthma attacks may start suddenly, or they may take a long time, even days, to develop. Attacks can be severe, moderate or mild.

Severe Attacks -- When this happens, people may become breathless. As they're less and less able to breathe, they may have trouble talking. Their neck muscles may become tight and their lips and fingernails might have a grayish or bluish color. The skin around the ribs of the chest might be sucked in.

Moderate and Mild Attacks -- These attacks are more common. People may start to feel tight in their chest. They might start coughing or spit up mucus. They may feel restless or have trouble sleeping, and they might make a wheezing or whistling sound when they breathe. This can happen as they breathe air in or out of their narrowed air tubes.

Asthma is treated through education, medication and prevention. When individuals are aware of the signs and symptoms of an asthma attack, they can greatly reduce the amount of intervention needed.

Medications such as bronchial dilators and anti-inflammatories are also beneficial. These medications may be prescribed in many various ways, but the most common is through inhalators. These drugs are very effective on the large and small airways and are very safe.

Prevention is also important. This includes everything from eliminating their contact with smoke to putting plastic sheets on their beds and pillowcases.

-USN-

-USN-

Comments and ideas for MEDNEWS are welcome. Story Submissions are highly encouraged. Contact MEDNEWS editor, At email: mednews@us.med.Navy.mil; telephone 202-762-3218, (DSN) 762, or fax 202-762-3224.

